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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

February 26, 2004

Serial No. 09/810,988
 Applicant: Gerhard Scheuch et al.
 Filed: March 16, 2001
 Title: DEVICE FOR THE CONTROLLED INHALATION OF
 THERAPEUTIC AEROSOLS

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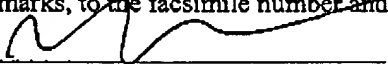
Art Unit: 3761
 Examiner: G. Dawson
 Confirmation Number: 7304

Attorney Docket No.: RVOS-E1341US
 HONORABLE COMMISSIONER OF PATENTS
 Alexandria, VA 22313-1450

RESPONSE TO FINAL OFFICE ACTION

This response to the Office Action dated December 31, 2003, does not amend the application but it includes a copy of the unamended claims 1-25 beginning on page 2 of this paper:

Remarks begin on page 6 of this paper.

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PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/810,988	
	Filing Date	March 16, 2001	
	First Named Inventor	Gernard Scheuch et al.	
	Art Unit	3781	
	Examiner Name	G. Dawson	
Total Number of Pages in This Submission	17	Attorney Docket Number	RVOS-E1341US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PostCard
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Signature	<i>J. Wood</i>
Date	26 Feb 04

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